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28159	28159 7590 96/17/2010						
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							(Depositor's name)
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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/550,214	09/21/2005		lvan Salgo			US030075	9554
TITLE OF INVENTION: GUIDANCE OF INVASIVE MEDICAL DEVICES BY THREE DIMENSIONAL ULTRASONIC IMAGING							
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nenprovisional	NO	\$1510	\$300	\$0	\$0		09/17/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
CARTER, AARON W		2624	382-128000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list				
Change of correspon	ndence address (or Cha	nge of Correspondence	(1) the names of u or agents OR, after	o to 3 registered pate natively,	nt attorn	.,.	on Yorks, Jr.
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-022 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unice	ss an assignce is ident	ified below, no assignee	data will appear on th	e patent. If an assign	nce is id	entified below, the d	locument has been filed for
(A) NAME OF ASSIGN		data will appear on the patent. If an assignee is identified below, the document has been filed for Jr a substantle for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY) Eindhoven, NL					
nonzinczzyno z			Dillatorotty 1				
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4s. The following fee(s) ar	e submitted:	4	b. Payment of Fee(s): (		ny prev	iously paid issue fee	shown above)
Issue Fee		A check is enclosed.					
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5. Change in Entity Statu	s (from status indicate	d shove)	overpayment, to D	eposit Account Numb	er 141:	270 (enclose a	an extra copy of this form).
a. Applicant claims	SMALL ENTITY state	as. Sec 37 CFR 1.27.	☐ b. Applicant is no				
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Authorized Signature	(N. Dwinton You)	- Tu /		Duty 2010	00.04		
Authorized Signature /W. Brinton Yorks, Jr./  Typed or printed name W. Brinton Yorks, Jr.							
an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virgima 22312	ality is governed by 37 gaplies in specification form to the ns for reducing this burginia 22313-1450. DC 3-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	on is required to obtain in 1.14. This collection in depending upon the in e Chief Information Of COMPLETED FORM!	or retain a benefit by estimated to take 12 dividual case. Any c ficer, U.S. Patent and 5 TO THIS ADDRES	me publ minutes omment Traden S. SENI	to complete, including to complete, including to complete, including so on the amount of the lark Office, U.S. Deporto: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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